PLACE OF BIRTH County of Sila District of Manual	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Local Registrar's No
or	St: Ward)
City of	(No
~07	Mayteron Born YES
FULL NAME OF CHILD	Alive No.
If child is not named, make Supplement	al Report on blank obtainable from local registrar.
Travin A	Number Legitt- Rith January of 191
Sex of Off Co Triplet	and in order of birth mate? Birth (Month) (Day) (Yr.)
	Full MOTHER
Full FATHER	Maiden & Mandeson
Name Jose 6. Mais	Residence
Residence	meraien Canyon
Mexican	Color Age at last 20
Color A Age at la	or Race M. L. can (Years)
or Race Merican	(Years) Birthplace
Birthplace	messes
mehro	Occupation
Occupation	Stowerife
Lample M	lan 1
	Were precautions taken against Ophthalmia necessorum?.
Number of child of this mother	Allen, or not meaning in
Number of child of this mother ? Number of child of this mother ? Number of child of this mother ?	OF ATTENDING PHYSICIAN OR MIDWIFE*
CERTIFICATE	
	h of above child; and that it became a simple
til arre ikana ia na oftondiny liliya	
11 / 500	(Signature) (Attending physician, midwire, nedscholder-)
3 II	Means Grand
	Address
supplemental report191	Fel a Kelson & ongen-Mi
1)	FILE LOCAL REGISTRAR.
OHH - 121-5H	Filed 191 (A True Copy COUNTY REGISTRAR.
COUNTY REGISTRAL	<u> </u>
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